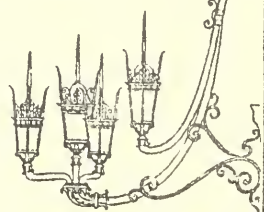


BAA

1989

BOSTON  
PUBLIC  
LIBRARY







BRA

1989



911-91-07

# SOUTH END MEDICAL AREA PLANNING STUDY

Recommendations

*May 1989*

*Prepared for:*



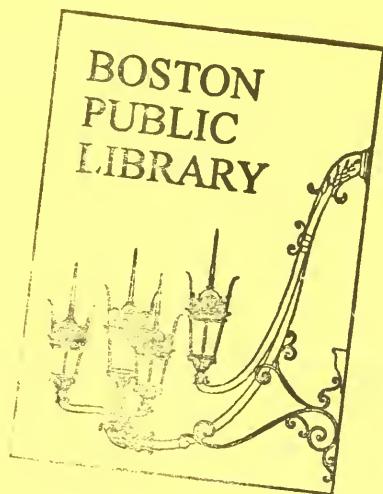
The  
University  
Hospital

*Prepared by:*

Robert F. Walsh Associates, Inc.

CBT/Childs Bertman Tseckares & Casendino Inc.

Howard/Stein-Hudson Associates, Inc.





## I. BACKGROUND

Initiated by The University Hospital, this study has been prepared as a reaction to a number of recent public and private initiatives in the neighborhood surrounding several major medical institutions in the South End. Significant changes are occurring. Transportation improvements are being prepared, including the Central Artery reconstruction and the decision on a Washington Street replacement transit service. Land use and construction initiatives are underway, including the new Suffolk County House of Correction, disposition of publicly owned land for housing and gardens, and several policy decisions on zoning and traffic. New private development is being planned, including a new mixed use commercial development adjacent to The University Hospital.

The goal of this planning study was to gather detailed information from a local perspective on all aspects of the area, and to help create a vision of the character of redevelopment. By establishing consensus about a desirable future, the actions of the many participants in the redevelopment of the area might be coordinated, with positive results for all concerned.

The study has involved area institutions, businesses, and residents, as well as representatives from many of the involved agencies, authorities, and the City of Boston. A Task Force of participants was organized, to focus discussions and ensure broad involvement. A team of consultants Robert F. Walsh Associates, Inc., CBT/Childs Bertman Tseckares & Casendino Inc., and Howard/Stein-Hudson Associates, Inc. was brought together to support the planning effort.

The first discussion centered on the definition of an appropriate study area. After reviewing existing land use patterns, neighborhood character, and potential for change, the outline of a clear district emerged. The general boundaries of the study stretch from Massachusetts Avenue on the south to Herald Street on the north, and from the Southeast Expressway on the east to Washington Street on the west. This area has no strong existing identity, other than that provided by the most predominate users the medical institutions of Boston City Hospital, Boston University Medical Campus, and The University Hospital. So the term "South End Medical Area" was created.





SOUTH END MEDICAL AREA  
AERIAL VIEW

Figure 1



Part of the interest in the South End Medical Area is due to its strategic location. Close to the downtown, it has excellent highway access, which will be further improved when the new Central Artery network has been completed. Once the Third Harbor Tunnel is completed, rapid access to the airport without passing through downtown will be possible. Major streets connect the area to the rest of Boston. Finally, the South End Medical Area borders vital, changing neighborhoods the South End and Lower Roxbury residential areas, Chinatown, and the Newmarket industrial district.

The study consisted of two major parts. The initial steps were to gather information on the existing land use and transportation conditions in the study area and to document the proposed development, public improvements, neighborhood concerns, and pressures that are driving change. The South End Medical Area Task Force reviewed and clarified the data compiled and provided overall guidance and direction for the remainder of the study. The Task Force met regularly to review the data and to advise on the next steps.

Following the data-gathering phase, planning and policy issues for further study were identified, to be addressed by specific recommendations. These issues

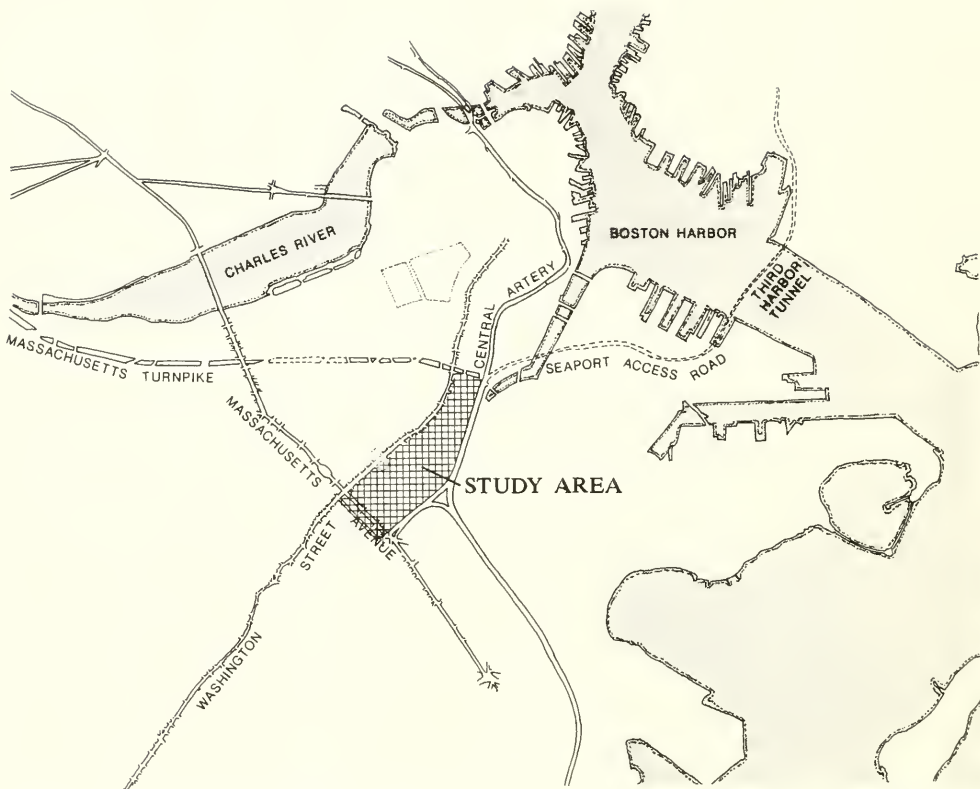
included urban design, land use, the regulatory framework, transportation facility design, and transportation policy.

Draft recommendations have been studied and reviewed by two subcommittees of the Task Force, one focussing on land use and the other on transportation.

The recommendations are presented in this report for widespread discussion and review. A summary of existing conditions and important ongoing planning and development efforts has been included. A brief review of alternative land use scenarios that have been studied is included. Finally, a few comments concerning implementation have been added, with the expectation that some of these recommendations might, after further study and refinement, be accomplished.

In summary, this report can serve as a framework that will assist all of the participants, in both the public and private sectors, in the formulation of public policy and as a guideline for private initiatives.

The value of any planning report is measured by the degree to which its recommendations are adopted and interaction by the participants provides for continuing dialogue and consensus.



STUDY AREA LOCATION MAP

Figure 2

## II. EXISTING LAND USE PATTERNS

The future character of the South End Medical Area will grow from existing land use patterns. Part of the challenge of this study has been to unravel the complex pattern of existing uses, in order to understand how future patterns of development may occur. A complete inventory of existing conditions was assembled as a first phase of this study. The summary report of that effort was distributed in August 1988. This inventory not only established land use and ownership, but considered zoning and historic resources, utilities, urban form, and overall opportunities and constraints. The report concluded with a survey of proposed developments, public improvements, and neighborhood concerns. The results of the survey served as the basis for the conclusions of this report; it might be useful to quickly summarize the general land use patterns as a convenient point of reference.

The study area forms the eastern portion of the larger South End neighborhood. While the majority of the South End is residential, the study area includes a diverse mix of uses, principal components of which are institutional, industrial, and residential

uses. The following diagram shows the ground floor uses of buildings in the study area. Also indicated are major public open spaces and surface parking areas. Much of the area shown as vacant or unbuilt is in fact open space associated with existing developments - the hospital complexes, for example.

Most residential uses within the study area are located between Washington Street and Harrison Avenue, and include the Worcester Square area and the Cathedral Housing Development. Residences in the Worcester Square area are principally multiple-unit brick row houses, typical of the majority of the residential buildings in the South End.

The Cathedral Housing Development bounded by Washington Street, Monsignor Reynolds Way, Harrison Avenue, and East Brookline Street, consists of low to mid-rise, multi-family apartment buildings. Additional apartment buildings are scattered on several sites, particularly on the cross streets between Harrison Avenue and Albany Street.

Institutional uses within the study area can be categorized into two principal groups. In one group are the medical and teaching

facilities associated with Boston City Hospital, The University Hospital, and Boston University. These institutions are clustered in the southern corner of the study area, defined by Harrison Avenue and East Brookline Street. The second institutional group is represented by the Church of the Immaculate Conception and the Cathedral of the Holy Cross and their related facilities.

A variety of light industrial uses are located in the northern half of the study area, along Albany Street and the Southeast Expressway. A significant portion of the land in this area is used for surface parking.

Small pockets of commercial and retail uses occur at points along Washington Street, Harrison Avenue, and Albany Street.

Uses surrounding the study area include South End residential districts, the Roxbury neighborhood across Massachusetts Avenue to the south, various industrial uses across the Southeast Expressway corridor, and the Chinatown neighborhood, which is a mixture of residential and commercial uses, located to the north across the Massachusetts Turnpike.

## **SOUTH END MEDICAL AREA PLANNING STUDY**

### **Recommendations**

<u>Table of Contents</u>	<u>Page</u>
List of Figures	i
Foreword	ii
I.    Background	1
II.   Existing Land Use Patterns	5
III.  Existing and Projected Transportation Conditions	9
A. Existing and Proposed Traffic Patterns and Operations	9
B. Parking Supply and Demand	16
C. Public Transportation	16
D. Pedestrian Environment	17
IV.   Preliminary Land Use Scenarios for Redevelopment	19
V.    Land Use Recommendations	23
VI.   Transportation Recommendations	31
A. Massachusetts Avenue Connector Design Issues	31
B. Central Artery/Third Harbor Tunnel Construction Period Issues	32
C. HOV/Transit Lanes	35
D. City of Boston Proposal for New Massachusetts Turnpike Entrance and Exit Ramps	35
E. Washington Street Replacement Service	35
F. Parking Supply	37
G. Transit Service	37

continued

<b>VII.</b>	<b>Special Opportunities</b>	<b>39</b>
	A. Albany Street Area	39
	B. Harrison Avenue/Cathedral Area	44
	C. New Residential Area	47
	D. New Office/Commercial Area	52
	E. Washington Street Character	54
	F. Harrison Avenue Character	54
	G. Albany Street Character	55
	H. Replacement Parking	56
	I. Central Artery/Third Harbor Tunnel Construction	56
	J. Consolidated Parking Management for the Medical Institutions	57
<b>VIII.</b>	<b>Implementation</b>	
	A. Rezoning	59
	B. Public Sector Coordination	60
	C. Coordination with Public Commissions and Interest Groups	63
	D. A Transportation Management Association	64
<b>IX.</b>	<b>Acknowledgements</b>	<b>65</b>



## LIST OF FIGURES

<u>Figure</u>		<u>Page</u>
1	South End Medical Area Aerial View	2
2	Study Area Location Map	4
3	Existing Land Use	7
4	City of Boston MDPW - Proposed Traffic Improvements	11
5	Light Manufacturing Zone	19
6	Light Manufacturing/Residential Scenario	20
7	Market-Driven Office/Commercial and Residential Scenario	21
8	Existing Conditions Plan	25
9	Recommended Land Use Changes	27
10	Illustrative Plan	29
11	City of Boston and MDPW - Proposed Traffic Improvements: Recommended Modifications	33
12	Albany Street Area - Diagram	40
13	Albany Street Area - Existing Conditions	42
14	Albany Street Area - Proposed Plan	42
15	Albany Street Area - Axonometric	43
16	Harrison Avenue/Cathedral Area - Diagram	45
17	Harrison Avenue/Cathedral Area - Existing Conditions	46
18	Harrison Avenue/Cathedral Area - Proposed Plan	46
19	New Residential Area - Diagram	48
20	New Residential Area - Existing Conditions	50
21	New Residential Area - Proposed Plan	50
22	Proposed Residential Park	51
23	New Office/Commercial Area - Diagram	52
24	New Office/Commercial Area - Existing Conditions	53
25	New Office/Commercial Area - Proposed Plan	53





## The University Hospital

88 East Newton Street  
Boston, Massachusetts  
02118-2393  
617 638 7964

J. Scott Abercrombie, Jr.,  
President

May 1989

Dear Reader:

The following report culminates a coordinated effort by a large number of people and organizations and represents a major accomplishment for the South End Medical Area. On behalf of the University Hospital, which sponsored the effort, I wish to thank all of those who participated in the planning study.

The important benefits of the study are two. First, we now have an inventory of all of the initiatives, in both the public and private sectors, that are likely to have an impact upon our neighborhood over the next decade. Second, our study process has elicited recommendations on how these initiatives can be managed for mutual benefit and, at the same time, to cause the least amount of disruption to area residents, institutions, and businesses.

I hope that this report will go a long way in guiding us over the next several years as the anticipated initiatives and events unfold, and that it will assure that the South End Medical Area's potential is achieved as a superb mixed-use location for health-care delivery, housing, and business.

A report such as this will remain relevant only if the group that put it together maintains its commitment to work together. The University Hospital staff and I will continue to encourage coordination among those who work and live in this area, and active involvement of all of us with City and State agencies, so that decisions affecting our community will take into account our overall needs and judgements.

Again, my gratitude to those who enabled this study and its underlying process to be so relevant, with the promise of lasting benefit for all of us who work or live in the South End.

Sincerely,

J. Scott Abercrombie Jr., M.D.  
President

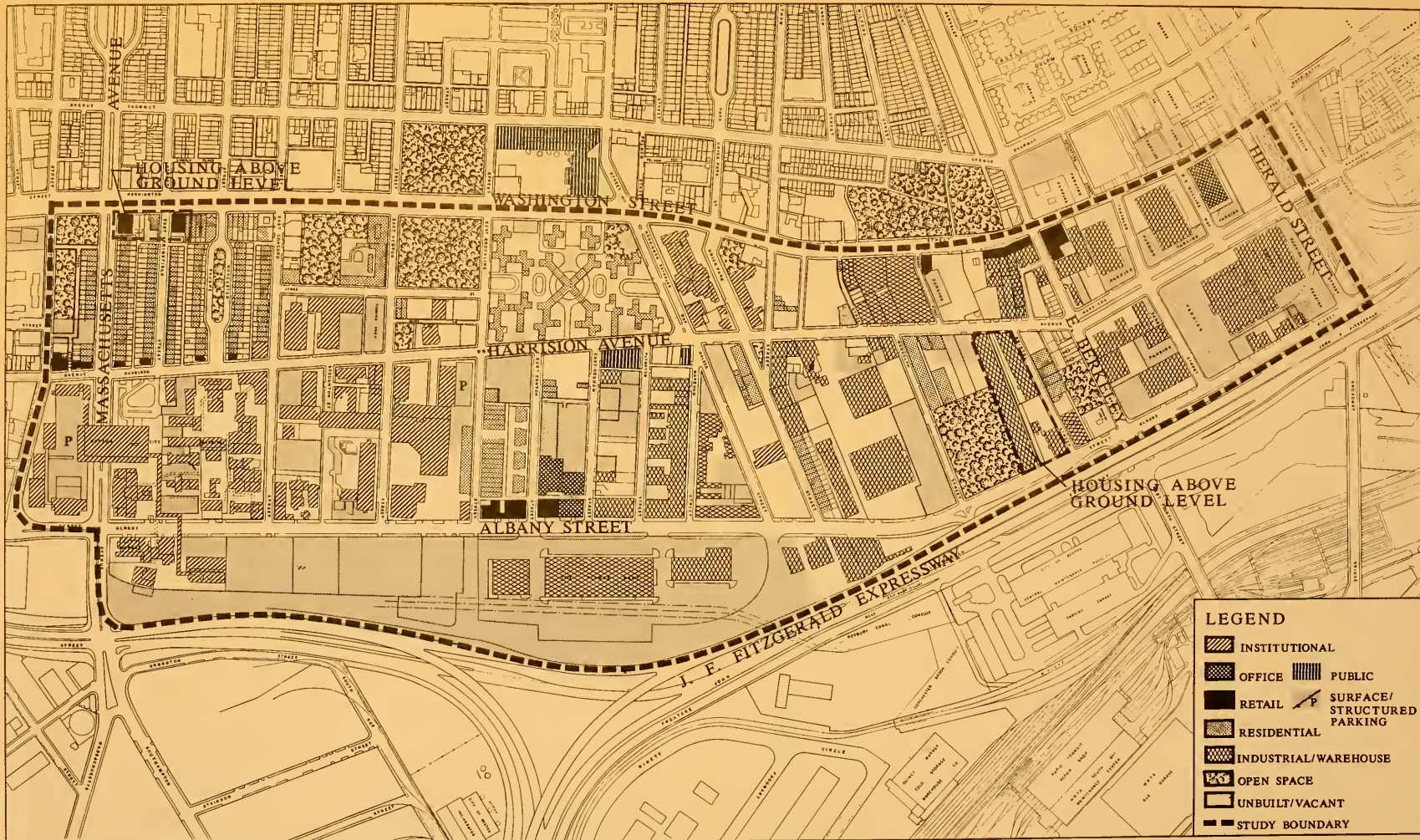
JSA:js











# SOUTH END MEDICAL AREA PLANNING STUDY

Prepared For:  
The University Hospital

Consultant:  
Robert F. Walsh Associates, Inc.  
Howard/Stein-Hudson Associates  
CBT/Childs Bertman Tenckers & Cascardino Inc.



Figure 3

EXISTING LAND USE



### III. EXISTING AND PROJECTED TRANSPORTATION CONDITIONS

The proximity of the South End Medical Area to downtown Boston, Logan International Airport and the regional highway network poses unique problems and opportunities in terms of transportation-related issues. Both residents and employers have always been concerned with traffic congestion, parking availability, and transit service.

#### A. Existing and Proposed Traffic Patterns and Operations

Geographically, the South End Medical Area is located immediately adjacent to two of the major regional highway links within the city -- the Southeast Expressway (Route 3/I-93) and the Massachusetts Turnpike (Route I-90). The Southeast Expressway provides direct access to the South Shore and other locations south of the City, and, to the north, to the Central Artery and the Massachusetts Turnpike. The Central Artery provides direct access to all downtown Boston locations including South Station, the Financial District, Government Center and the North Station areas. The Central Artery also provides access to Logan International Airport via the Sumner and Callahan Tunnels and to points north via I-93 and Route 1. The Massachusetts Turnpike provides regional access to the area from Route 128 (I-95) and

other areas further west.

The majority of traffic traveling to and from, as well as through, the South End Medical Study Area is served principally by the major north-south (Washington Street, Harrison Avenue and Albany Street) and east-west (Melnea Cass Boulevard, Massachusetts Avenue, Malden Street/Monsignor Reynolds Way/West Dedham Street, East Berkeley Street and Herald Street) roadways. The one-way street pattern on the remaining streets in the study area does not lend itself to anything other than local traffic. Nevertheless, significant volumes of traffic use study area roadways to bypass peak hour congestion on these regional facilities. Through traffic, particularly north-south traffic, is the main contributor to traffic volumes, and congestion, within the study area. Local traffic destined for the study area comprises only about 12% of the 166,000 total vehicle trips passing into and out of the area every day.

Existing peak hour Level of Service (LOS) at key study area intersections is explained in Table 1 and summarized in Table 2. As shown, intersection capacity problems generally occur along the major east-west connectors which handle the larger traffic volumes. Massachusetts Avenue at its intersections with Harrison, Melnea Cass Boulevard and Albany Street, operates at an unacceptable level of service (LOS E or F) during peak hour periods. In

Table 1  
Intersection Level of Service (LOS) Designations (1)

Level of Service	Description	Delay Range (2) Seconds per Vehicle	Reserve Capacity (3) (Vehicles per Hour)
LOS A	Describes a condition of free flow, with low volumes and relatively high speeds. There is little or no reduction in maneuverability due to the presence of other vehicles, and drivers can maintain their desired speeds with little or no delay.	0.00-5.0	400
LOS B	Describes a condition of stable flow, with desired operating speeds relatively unaffected, but with a slight deterioration of maneuverability within the traffic stream.	5.1-15.0	300-399
LOS C	Describes a condition still representing stable flow, but speeds and maneuverability begin to be restricted. The general level of comfort begins to deteriorate noticeably at this level.	15.1-25.0	200-299
LOS D	Describes a high-density traffic condition approaching unstable flow. Speeds and maneuverability become more seriously restricted, and the driver experiences a poor level of comfort.	25.1-40.0	100-199
LOS E	Represents conditions at or near the capacity of the facility. Flow is usually unstable, and freedom to maneuver within the traffic stream becomes extremely difficult.	40.1-60.0	0-99
LOS F	Describes forced-flow or breakdown conditions with queueing along critical approaches. Operating conditions are highly unstable as characterized by erratic vehicle movements along each approach.	60.1 or greater	NA

- 
- 1) Source: Transportation Research Board, Highway Capacity Manual, Special Report 209, National Research Council, 1985
  - 2) Delay ranges relate to the mean stopped delay incurred by all vehicles entering the intersection for the movement or movements under consideration and do not consider the effects of traffic signal coordination. This criterion is intended for use in the evaluation of signalized intersections.
  - 3) Reserve capacity refers to the unused capacity of the minor approach, on a per lane basis. This criterion is limited to use in the evaluation of unsignalized intersections.











The figure shows a step function graph on the left and a circle with a diagonal line on the right. The graph has a horizontal segment at height 50 from x = -50 to x = 0, a horizontal segment at height 100 from x = 0 to x = 100, a horizontal segment at height 50 from x = 100 to x = 200, and a horizontal segment at height 100 from x = 200 to x = 400. The circle has a diagonal line from the top-left to the bottom-right.

CITY OF BOSTON AND MDPW  
PROPOSED TRAFFIC IMPROVEMENTS



Table 2

## Existing Conditions (1988) Peak Hour Traffic Level of Service

## Signalized Intersections

	AM Peak Average <u>LOS</u> <u>Delay</u>	PM Peak Average <u>LOS</u> <u>Delay</u>
Washington/Melnea Cass Blvd.	D 27.43	F 174.64
Washington/Massachusetts Avenue	D 35.99	C 15.40
Washington/E. Newton	B 9.66	B 13.69
Washington/E. Brookline	A 2.39	A 3.91
Washington/Msgr. Reynolds Way	B 12.36	B 13.25
Washington/E. Berkeley	B 13.53	C 15.42
Washington/Herald	B 10.36	B 11.90
Harrison/Melnea Cass Blvd.	B 10.34	F 704.58
Harrison/Massachusetts Ave.	E 44.93	F 86.47
Harrison/E. Concord	B 6.01	A 2.57
Harrison/E. Newton	B 10.91	B 9.89
Harrison/E. Brookline	B 9.74	B 8.79
Harrison/E. Berkeley	B 8.84	B 10.54
Harrison/Herald	B 7.56	C 17.28
Albany/Massachusetts Ave.	F 67.06	F 69.08
Albany/Frontage/W. Fourth St. Bridge	F 64.64	D 29.27
Albany/E. Berkeley	B 9.46	B 11.64
Melnea Cass Blvd./Massachusetts Ave.	D 36.02	D 28.73

## Unsignalized Intersections

	AM Peak Reserve <u>LOS</u> <u>Capcty</u>	PM Peak Reserve <u>LOS</u> <u>Capcty</u>
Harrison/Msgr. Reynolds/ Malden	F -6	F -44
Albany/ E. Concord	B 307	C 243
Albany/E. Newton	A 666	A 451
Albany/E. Brookline	E 74	A 439
Albany/Wareham	B 347	A 723
Albany/Malden	F -93	F -89

addition, congestion west of the study area along Massachusetts Avenue can affect operations between Washington Street and Melnea Cass Boulevard.

Also exhibiting poor traffic operations is the intersection of Albany Street with the northbound Frontage Road and West Fourth Street. In particular, during the morning peak hour, many northbound Southeast Expressway motorists utilize the northbound Frontage Road in an attempt to bypass expressway congestion.

In the evening peak hour, the intersection of Washington Street with Melnea Cass Boulevard currently operates at Level of Service F. The intersection signal progression between the Washington Street and Harrison Avenue intersections should be improved to alleviate some problems at this location.

Harrison Avenue at Massachusetts Avenue is currently operating at capacity during the morning peak hour. Any additional traffic at this location could cause this intersection to fail, creating more congestion on Massachusetts Avenue. At Melnea Cass Boulevard, Harrison Avenue operates at LOS F during the evening peak hour, but with signal progression improvements between Washington Street and Harrison Avenue, as discussed above, the Level of Service could be improved. Providing a traffic signal at the intersection of Harrison Avenue with Malden Street will improve operations during the peak hour and provide a safer environment for pedestrians.

Harrison Avenue overall operates poorly within the midblock (intersection to intersection) locations within the study area. The reason for this poor operating condition is the amount of activity occurring on this two lane road. Parking movements in and out of curbside parking spaces and parking lots, combined with the amount of pedestrian activity crossing midblock and from behind parked cars, creates a constant state of friction for motorists travelling both north and south on this roadway.

Unsignalized intersections which exhibit poor operating conditions include Harrison with Monsignor Reynolds Way and Malden Street, and the intersections of Albany Street with Malden Street and E. Brookline Street. Operations at these intersections could be improved to acceptable levels through signalization. The remaining locations in the study area generally operate at acceptable levels of service during all time periods, although some unsignalized intersection operations could also be improved with the addition of signals to improve safety.

Within the time frame for this planning study, several major public improvement projects will dramatically change the transportation infrastructure serving the South End Medical Area.

As part of the Central Artery/Third Harbor Tunnel project, the existing Massachusetts Avenue ramp connections to the Southeast Expressway will be replaced.

Although only in the preliminary stage, the current state proposal shows an at-grade roadway between the Massachusetts Avenue intersection with Melnea Cass Boulevard and the Southeast Expressway Frontage Road northbound roadway. This replacement roadway, referred to as the "Massachusetts Avenue Connector" on state plans, will terminate at a "T" intersection with the Frontage Road northbound roadway. A Frontage Road southbound roadway extending south from the intersection of Albany and Randolph Streets will also be provided.

High Occupancy Vehicle (bus/carpool) lanes will be provided down the center of the Southeast Expressway to the Central Artery, South Station and the Third Harbor Tunnel. These lanes will be directly accessible via the Massachusetts Avenue Connector and the north and southbound Frontage Road ramps to the Southeast Expressway.

Two at-grade intersections are currently proposed along the Massachusetts Avenue Connector, one at Union Park Street, and a second at the roadway providing access to the Suffolk County Correctional Institution to be located east of the Massachusetts Avenue Connector. The location of the intersection for the proposed Suffolk County Correctional Institution is approximately opposite East Concord Street on the Massachusetts Avenue Connector.

The South Boston Bypass/Seaport Access Road will also be accessible via the Massachusetts Avenue Connector and the north and southbound frontage roads.

Currently, the proposal provides no net loss of surface parking, an important concern given present and future parking demands. However, during construction, surface spaces may be temporarily lost.

The City of Boston is currently proposing a pair of entrance and exit ramps connecting the Back Bay/South Cove area directly to the Massachusetts Turnpike. As currently proposed, an eastbound on-ramp would be constructed at Tremont and Arlington Streets and a westbound off-ramp will be constructed at Berkeley Street. This proposal would require the elimination of the existing westbound on-ramp at Arlington Street. Inherent in this proposal are surface street improvements along Herald Street and Marginal Road. (It should be noted that the current Massachusetts Department of Public Works proposal for this area is limited to improvements in surface street connections to the Southeast Expressway.)



## B. Parking Supply and Demand

The total available parking supply in the South End Medical is approximately 7,400 spaces, of which 3,100 are open to the public and 4,300 are private. Over half of the spaces (4,400) are in surface lots, and 2,200 on-street. Only 800 spaces are in garages. Parking rates in the off-street facilities approach market rates (\$8-\$10 per day) for visitors, but are lower (no charge to \$5/day) for employees.

Auto use to and from the area is the dominant mode choice for employee work travel and visitor travel (between 58 and 76 percent for employees, and 35% for BCH patients).

Parking accumulation in the study area is at or beyond capacity from between 11:00 AM and 3:00 PM. Parking demand actually peaks in the early afternoon around 1:00 - 2:00 PM. This pattern is typical for a hospital area, due to the overlap of shifts in the mid-afternoon.

While there is a theoretical parking deficit in the early afternoon, this is met by 1,500 unrestricted on-street parking spaces, which meet around 10 percent of hospital employee parking needs for Boston University Medical Center and Boston City Hospital, according to recent surveys.

Future parking needs for the area are currently being addressed by the individual institutions and employers on

a project-by-project basis.

## C. Public Transportation

Transit use at between 13 and 28 percent accounts for the second most significant mode share for employee work travel to the area. To encourage transit use and to assist staff in reaching the MBTA's rapid transit stations, several shuttle services are offered by study area employers. However, the relocation of the Orange Line in 1987, which formerly provided direct service along Washington Street, eliminated a source of convenient, reliable rapid transit service within the area. Currently, MBTA Bus Route 49 provides temporary replacement service along the Washington Street corridor. Permanent replacement service for the corridor is currently under study by the MBTA and could possibly take the form of either bus or light rail service. In the longer term, the MBTA is investigating a number of modal options for circumferential transit service which would serve the corridor from JFK/UMASS Station through Ruggles Station into Cambridge. As currently proposed, there would be a stop or station in the vicinity of Massachusetts Avenue and Melnea Cass Boulevard.



#### D. Pedestrian Environment

The highest volume of pedestrian activity in the study area is concentrated in the vicinity of the Boston City Hospital, Boston University Medical Center and the University Hospital. Pedestrian activity is highest in areas internal to each institution and along those public streets (East Concord Street and East Newton Street) that tend to bisect the campuses. Pedestrian traffic in the area is heaviest along Albany Street adjacent to the larger parking facilities serving the South End Medical Area institutions and along Albany Street between East Newton Street and Massachusetts Avenue. East Concord Street and East Newton Street between Albany Street and Harrison Avenue also exhibit high pedestrian activity. Perceived problems relate to high traffic volumes, wide street crossings, and security, particularly after dark.



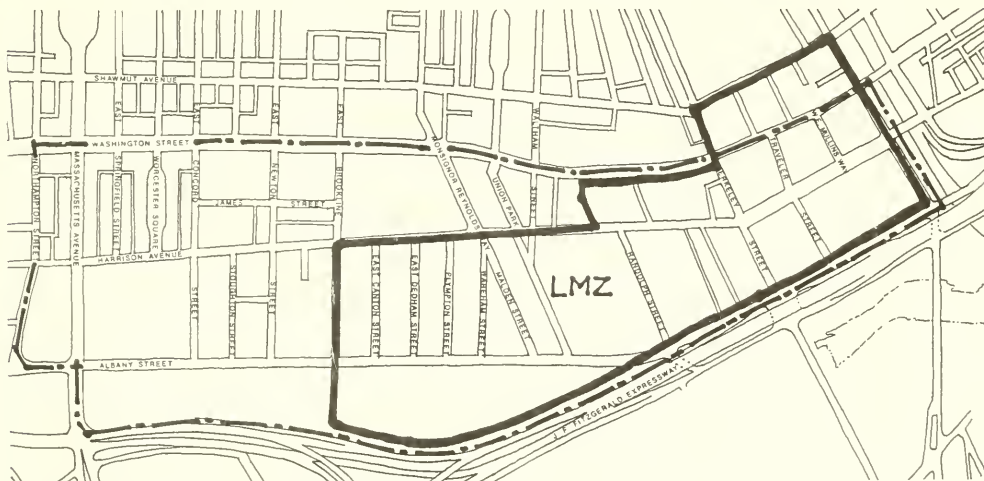
#### IV. PRELIMINARY LAND USE SCENARIOS FOR REDEVELOPMENT

As a means for testing potential future land use patterns, the consultant team created development projections or "scenarios" based on different potential zoning patterns. The three preliminary scenarios were assembled and refined, with the review and comment of the land-use subcommittee of the South End Medical Area Task Force. The discussion of these various scenarios helped formulate the draft recommendations which are included in this report. It is useful to summarize the preliminary land use scenarios before discussing recommendations.

The first scenario was a response to a city initiative to create a new zoning classification, the light

manufacturing zone or "LMZ". The land use scenario calculated the effect of rezoning the existing M-2 zone and creating a new light manufacturing zone. The area generally from East Brookline Street to the Massachusetts Turnpike, excluding the Cathedral Housing Development and the Cathedral of the Holy Cross would be zoned "LMZ". Uses in the zone would include bio-medical research, back office space, light manufacturing, and artists' living and working space.

A block-by-block test of the density and use provisions showed that the LMZ would essentially freeze existing land use patterns and allow for limited infill of light manufacturing uses. Very



LIGHT MANUFACTURING ZONE

Figure 5

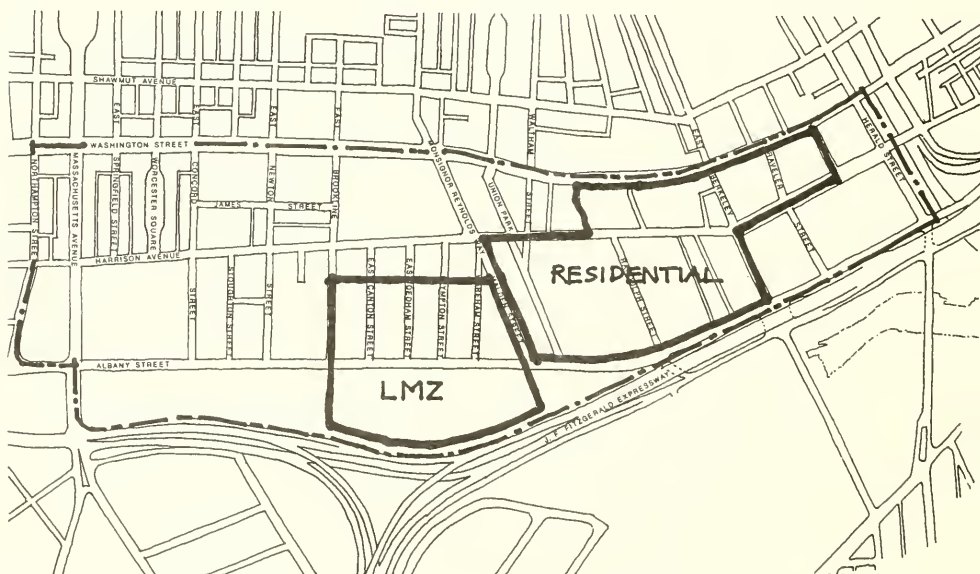
little office space would probably be constructed under this scenario, nor would housing occur of any significant amount. This lack of flexibility and perceived inconsistency with higher and better land uses influenced the elimination of this scenario.

The second land use scenario suggested that a portion of the existing M-2 district north of Malden Street would be rezoned to allow substantial quantities of new residential uses.

The addition of new housing in this area would reinforce the existing Union Park Street residential neighborhood and would take advantage of existing open space. Parcels that are

subject to redevelopment south of Malden Street would be rezoned to allow new commercial mixed-use development. A significant emphasis on light manufacturing would be retained in this area.

Although this scenario was seen to be promising in many ways, it did not adequately address the potential for office and other high-end commercial development which could take advantage of the excellent highway access and visibility.



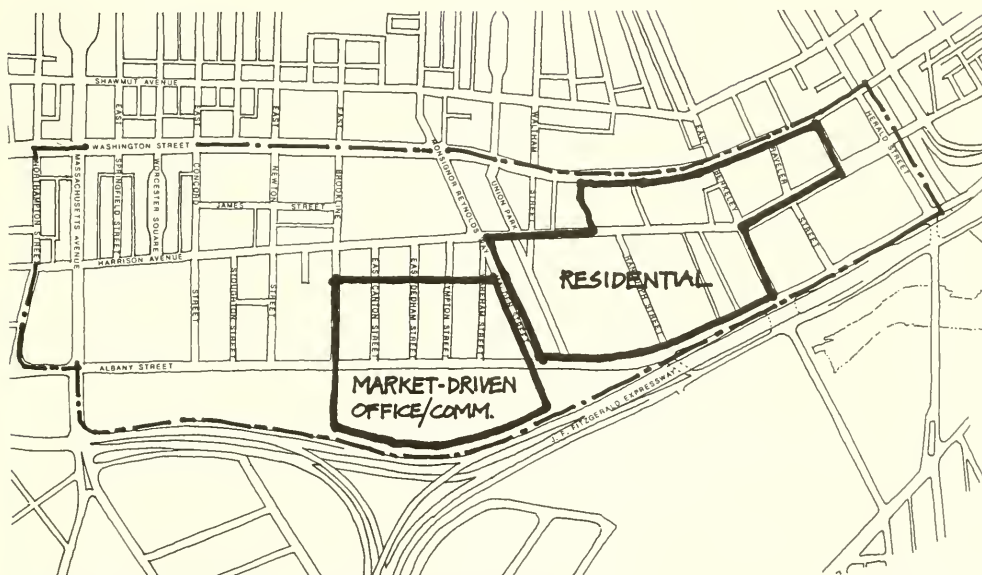
LIGHT MANUFACTURING/RESIDENTIAL SCENARIO

Figure 6

A third scenario examined the potential for market-driven commercial development, particularly along the expressway edge. Available development parcels in the area roughly bounded by Southeast Expressway, Harrison Avenue, East Canton Street and Malden Street would be set aside for lower-scale bio-medical and light industrial uses. This scenarios proposes a residential area centered around reallocated open space and adjacent to existing housing.

Development, instead of housing uses. This scenario also would create housing development near the expressway which would be inappropriate.

The third scenario was criticized for proposing commercial uses on the Harrison Avenue parcels behind the Cathedral Housing



MARKET-DRIVEN OFFICE/COMMERCIAL  
AND RESIDENTIAL SCENARIO

Figure 7



## V. LAND USE RECOMMENDATIONS

A recommendation based upon current data and economic projections for future land use of the South End Medical Area has been created following the advice of the Land Use Subcommittee and incorporating many of the expressed concerns. In order to communicate the general land use intentions the following illustrative plan has been prepared which shows an idea of how the South End Medical Area could be redeveloped. It can be compared with the drawing of the existing conditions. Changes were highlighted according to assumptions about sites that could reasonably be expected to be redeveloped in the future.

The land use proposal includes five principal recommendations:

- o The strip of land along the expressway could become high-end office and commercial development, because of both high visibility and good transportation access. Development can occur with minimal negative impacts on the surrounding area, and help generate direct and indirect public benefits.
- o The area north of East Berkeley Street could become a commercial/mixed-use area, with new office and retail space added to some of the existing industrial uses. Large parcels and blocks and excellent access would tend to encourage this type of use.
- o The middle portion of the South End Medical Area (between East Brookline Street and Monsignor Reynolds Way, Harrison Avenue and Albany Street) could become mixed-use development with a scale and density compatible with the adjacent neighborhood. The intention would be to conserve the existing buildings where appropriate, and insure the continued viability of light manufacturing uses.
- o The parcels of land on Harrison Avenue east of the Cathedral Housing Development could

be developed into housing which would strengthen uses in help improve the urban design qualities of this stretch of Harrison Avenue.

- o A substantial new residential zone could be created between Malden and East Berkeley Streets with development densities similar in character to the existing South End patterns. Reorganization of streets and reallocation of open space to redevelop existing public parcels could all be used to reinforce this new land use pattern.









## SOUTH END MEDICAL AREA PLANNING STUDY

Prepared For:

The University Hospital

Consultants:

Robert F. Walsh Associates, Inc.

Howard/Stein-Hudson Associates

CBT/Childs Bertman Tseckares & Casendino Inc.

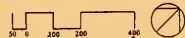
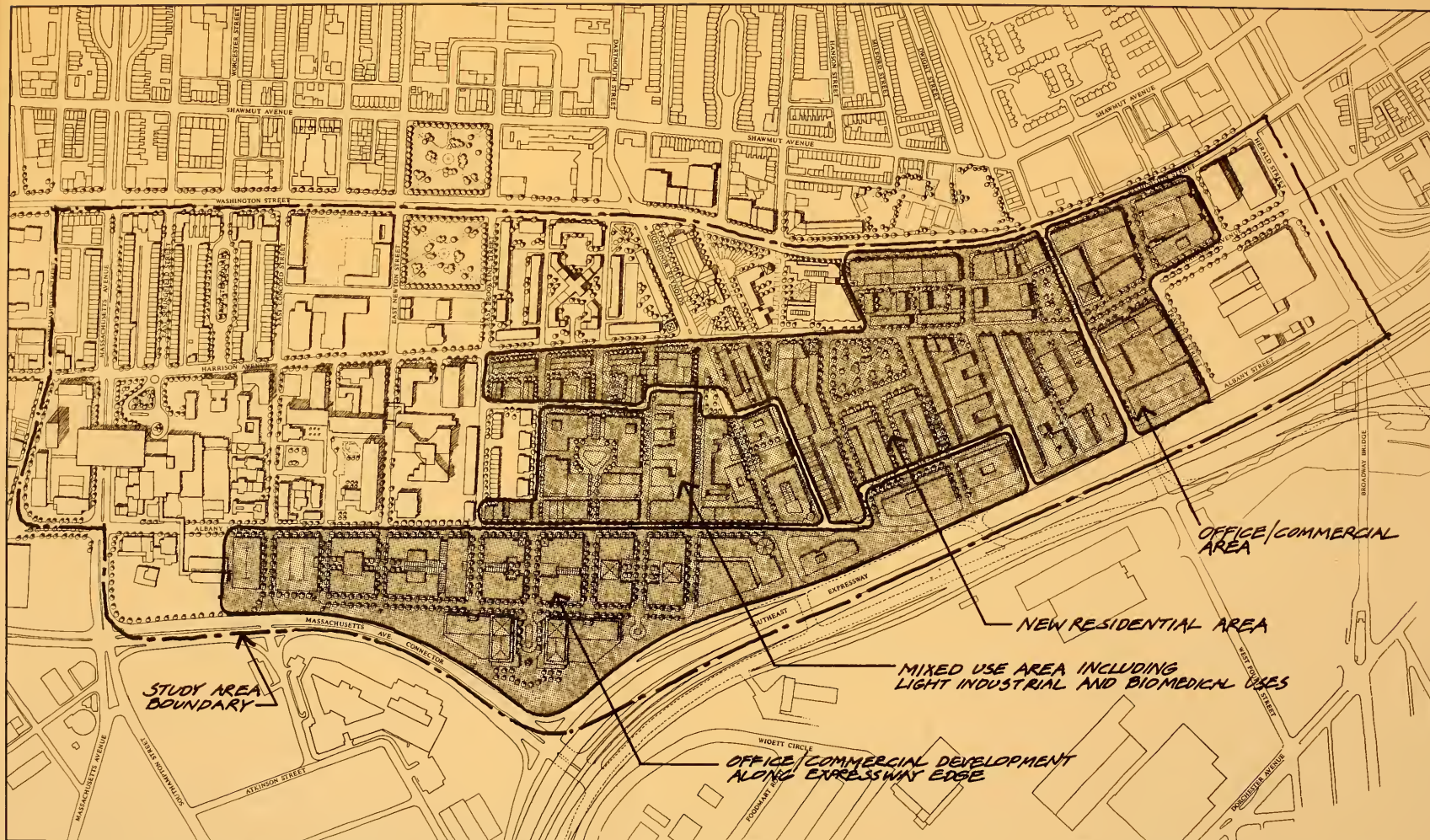


Figure 8

EXISTING CONDITIONS PLAN







## SOUTH END MEDICAL AREA PLANNING STUDY

Prepared For:  
The University Hospital  
Consultants:  
Robert F. Walsh Associates, Inc.  
Howard/Stein-Hudson Associates  
CBT/Childs Bertman Tseckares & Cascardio Inc.



Figure 9

RECOMMENDED LAND USE CHANGES







## SOUTH END MEDICAL AREA PLANNING STUDY

Prepared For:

The University Hospital

Consultants:

Robert F. Walsh Associates, Inc.  
Howard/Stein-Hudson Associates

CBT/Childs Bertman Tseckares & Casandino Inc.

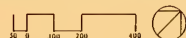


Figure 10

ILLUSTRATIVE PLAN





## VI. TRANSPORTATION RECOMMENDATIONS

The South End, and in particular the South End Medical Area, will continue to face both private and public development pressures that will alter current land use and foster improved transportation access. New development will increase traffic and parking demand and utilize land now used for surface parking. Future land use changes in the area will also necessitate improved transit access to the area.

Because through traffic is such a major contributor to current traffic congestion, the relief afforded by the Central Artery/Third Harbor Tunnel project will alleviate many current problems. Today, development within the study area accounts for only around 12% of traffic flow. Thus, parking demand, not traffic impacts, will probably be the biggest controlling factor in determining the nature and extent of new development within the study area, and the location of new parking facilities will be the major factor in determining traffic operations impacts. In addition, major developments outside the study area such as the new Suffolk County Correctional Institution, and the Parcel 18 and Back Bay development projects will change the nature of through traffic. The relationship of new developments to these outer activity centers will be important in affecting future travel patterns.

Transportation recommendations have centered around maximizing the local area traffic benefits of the planned regional highway improvements, and helping insure adequate parking and transit service to meet the needs of new development within the study area. Specific recommendations included the following:

### A. Massachusetts Avenue Connector Design Issues

The group is very supportive of the new interchange design, particularly the removal of the elevated ramp structure. The institutions see the new Massachusetts Avenue Connector serving as the major vehicular access for area parking facilities, removing traffic from local South End streets.

The proposed linkage to the Massachusetts Avenue Connector at Union Park Street should be replaced with a connector at Malden Street, connecting into the two-way Dartmouth/Dedham/Malden Street system which is one of the few two-way routes through the South End. This route has long been accepted by community groups as a through street. On the other hand, the Union Park/Waltham connector passes through more residential land use, as well as precluding Archdiocese plans for possible closures of Union Park and Waltham Streets at Washington Street. Signalization of the Albany

Street/Malden Street and Harrison Avenue/Malden Street/Monsignor Reynolds Way intersections is recommended to improve existing traffic deficiencies. With signalization, this route will be able to accommodate the added demands of development, and the expressway linkage traffic within acceptable levels of service, while insuring safe pedestrian crossings of Albany Street and Harrison Avenue.

A second link to the new Massachusetts Avenue Connector should be provided in the vicinity of East Concord Street to meet the proposed jail access road as a four-way intersection. This link would provide access to parking facilities for Boston University Medical Campus (BUMC), the SETSA development, and possibly Boston City Hospital, removing a large portion of hospital traffic from Massachusetts Avenue intersections, and allowing for a downgrading of Albany Street and introduction of pedestrian improvements in conjunction with BCH and BUMC design plans. The new access road should function as a local access street, not as a short-cut to reach the expressway system. East Concord Street should remain in its present eastbound direction and the new access road should not be directly aligned with East Concord Street in order to discourage Massachusetts Avenue bypass traffic. Today, the Albany Street/East Concord Street intersection operates within acceptable levels of service during morning and evening peak hours. To accommodate the new access

road to the Massachusetts Avenue Connector, a signal is recommended to maintain good levels of service and to accommodate the added turning movements with safety for pedestrians and vehicles.

The alignment of the Massachusetts Avenue Connector should be redesigned, if possible, to reduce land devoted to unuseable traffic islands and to create a larger development parcel on the Albany Street side. It is recommended that the entire pattern of South End street traffic be analyzed and reviewed for future traffic management purposes by the City.

B. Central Artery/Third Harbor Tunnel Construction Period Issues

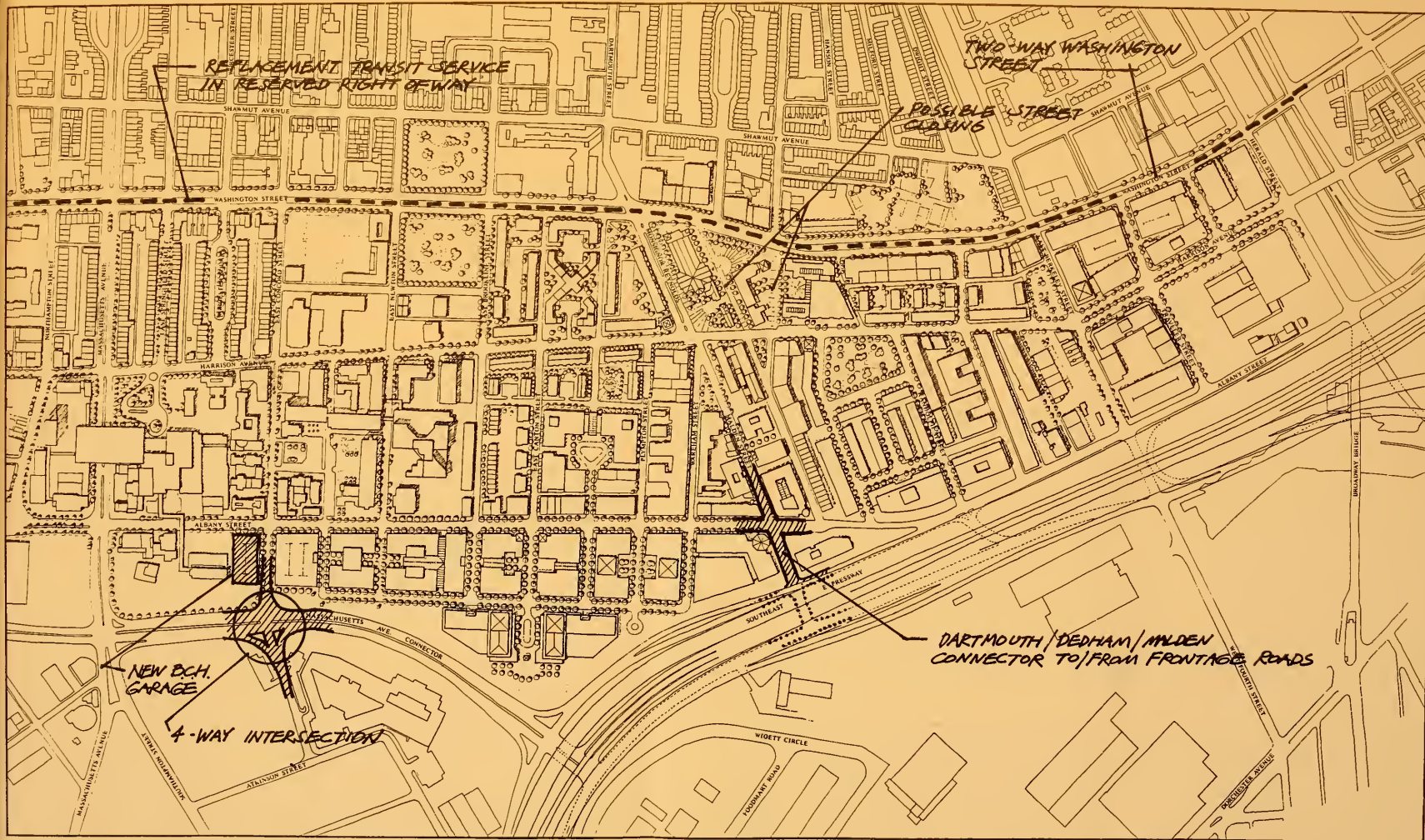
The State must minimize parking loss in the BUMC and BCH lots both during and after construction. Land is available to provide structured parking for BCH adjacent to the hospital power plant. The group has recommended that the MDPW finance this replacement parking, which could serve both construction period and permanent needs, prior to construction rather than attempting to locate off-site interim facilities, arrange and fund shuttle services, and the like. Access to the emergency helipad to ensure rapid transport to BCH must be maintained.

In this regard, the group has recommended that the Massachusetts Avenue interchange construction precede downtown



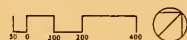






# **SOUTH END MEDICAL AREA PLANNING STUDY**

Prepared For:  
The University Hospital  
Consultants:  
Robert F. Walsh / ssor-ates, Inc.  
Howard/St. - Hudson Associates



**Figure 11**

**CITY OF BOSTON AND MDPW  
PROPOSED TRAFFIC IMPROVEMENTS:  
RECOMMENDED MODIFICATIONS**





Central Artery construction, rather than follow, in the interest of reducing bypass traffic on local streets in the South End during construction.

Construction management must be carefully coordinated with other public agencies, particularly the Boston Water & Sewer Commission, to reduce traffic impacts on local streets and preserve emergency vehicle access to the hospitals. The following chart, which presents a schedule of the various construction projects which will affect the study area over the coming years, clearly indicates the need for a coordinated management effort.

#### C. HOV/Transit Lanes

A stop/shelter should be provided at Massachusetts Avenue to allow the area to benefit from the Southeast Expressway HOV lanes connecting to South Station and Logan Airport. The stop could serve shuttle buses run by area employers as well as MBTA express and local buses.

The Southeast Expressway HOV lanes should be linked to the Melnea Cass Boulevard transit right-of-way to provide an exclusive transit reservation from South Station to Ruggles, and a connection between the South End Medical Area, Parcel 18, and the Longwood Medical Area.

#### D. City of Boston Proposal for New Massachusetts Turnpike Entrance and Exit Ramps

The group supports the City of Boston proposal for a new Massachusetts Turnpike eastbound entrance ramp at Tremont and Arlington Streets, and a new westbound off-ramp at East Berkeley Street. Inherent in this proposal are surface street improvements along Herald Street and Marginal Road. The group shares the City's goal of using this new pattern to reduce traffic on local streets.

#### E. Washington Street Replacement Service

With regard to replacement transit along Washington Street, the group agreed to endorse the concept of connecting to the Central Subway system, whatever mode was selected, and preserving a transit reservation along Washington Street. A dissenting opinion was voiced by some representatives of the Worcester Area Square Neighborhood Association, who opposed a reserved transit right-of-way. In conjunction with Replacement Service options, a proposal has been made to make Washington Street two-way from East Berkeley Street to Herald Street, utilizing an easement reserved as part of the South End urban renewal plan. The group endorsed this proposal.

## ESTIMATED SCHEDULE FOR PUBLIC AND PRIVATE SECTOR IMPROVEMENT PROJECTS AFFECTING SOUTH END MEDICAL AREA

<u>AGENCY</u>	<u>PROJECT</u>	<u>AREA AFFECTED</u>	<u>ESTIMATED SCHEDULE</u>
Boston Water & Sewer	Sewer Separation	Albany St. Side Streets between Washington & Harrison from Mass. Ave to Herald St.	Present to 1991
Boston Water & Sewer	Albany St. Interceptor	Albany St.	1/89 to 1/90
Mass. Dept. of Public Works	Broadway Bridge	Frontage Rds. Expressway Ramps Albany St.	11/88 to 7/89
Mass. Dept. of Public Works	West 4th St. Bridge	Frontage Rds. Expressway Ramps Albany St.	7/89 to mid 1991
Mass. Dept. of Public Works	Third Harbor Tunnel	Study Area	Start Construction 1989 Tunnel Opens 1994
Mass. Dept. of Public Works	Central Artery Depression	Study Area	Start Construction 1992 Northbound Opens 1995 Southbound Opens 1996
Mass. Dept of Public Works	Mass. Ave. Connector	Albany St. Malden St. Union Park/Wareham E. Concord St. Mass. Ave. Frontage Rds. Cass Blvd.	Start Construction 1993
Boston City Hospital	Facility Master Plan	Mass. Ave. Albany St. Harrison Ave. E. Concord St. Cass Blvd.	
Mass. Dept. of Capital Planning and Operations	House of Correction	Frontage Rds. Southampton St. Mass. Ave. Connector Mass. Ave. Cass Blvd.	Completed in 1991
University Assoc.	SETSA Development	Albany St. Frontage Rds. E. Concord E. Newton	1991
Boston Archdiocese	Cathedral Improvements	Union Park St. Washington St. Wareham St.	Planned
Boston Archdiocese	Cathedral Housing	Washington St. Msgr. Reynolds Way	1989

#### F. Parking Supply

New development will utilize many of the existing surface parking lots, thereby decreasing the already fully utilized existing parking supply. Parking supply in the area will need to be accommodated through the construction of more structured parking. Increased parking rates, which will be needed to support more expensive parking facilities, will likely also decrease demand. On-street spaces should also be more effectively regulated to help meet parking needs, particularly for short-term parking.

Third Harbor Tunnel should be used to their fullest to provide a connector from South Station to Ruggles Station stopping in the South End Medical Area.

#### G. Transit Service

Transit service to the area will have to be improved to accommodate increased work travel to, and decreased parking within, the area. Key links in provision of good transit service to the area are the Washington Street replacement service and, in the long term, the proposed Circumferential Transit line. Circumferential transit should tie in directly to the Massachusetts Avenue/Melnea Cass Boulevard intersection. In addition, the currently proposed High Occupancy Vehicle (HOV) lanes on the Southeast Expressway which will run two-way from the proposed Massachusetts Avenue Connector to the Central Artery, South Station and the



## VII. SPECIAL OPPORTUNITIES

During the course of the studies and discussions of the future of the South End Medical Area, numerous special opportunities for beneficial improvements were uncovered. This section of the report reviews these opportunities, which are offered as a basis for further exploration and discussion.

### A. Albany Street Area

#### **Expressway Edge**

As mentioned in the overall land use recommendations, the southern edge of the South End Medical Area might be a very promising location for a future mix of office and commercial uses. This area, roughly stretching from Massachusetts Avenue all the way to Paul Sullivan Way, has many special characteristics which would lend itself to relatively dense development.

A significant feature of this area is excellent highway accessibility. Most of the parcels will have excellent connections to the Southwest Corridor, and eventually to Logan Airport through the planned Third Harbor Tunnel. Traffic coming to and from this area can have direct access to the highway system, without needing to pass through residential neighborhoods.

Eventually, mass transit access will be improved, as the Washington replacement service is implemented. The land along this edge of the South End Medical Area includes large parcels, particularly suited to new commercial development.

Well-designed future buildings can take advantage of excellent highway visibility, while at the same time performing a beneficial role as a visual and noise buffer between the rest of the South End neighborhood and the highway. Design guidelines should be established so that the building massing and character appropriately meets this opportunity. In many ways, the planned SETSA project adjacent to The University Hospital anticipates the character of future development that could occur. The illustrative plan prepared for this report suggests how this character of development could be extended northward, toward the downtown.

Of course, the illustration is not meant to represent existing proposals of such development; however, it does recognize that market forces are likely in the long run to encourage development of this type. This recommendation recognizes that, properly designed, this development and use pattern could be appropriate.

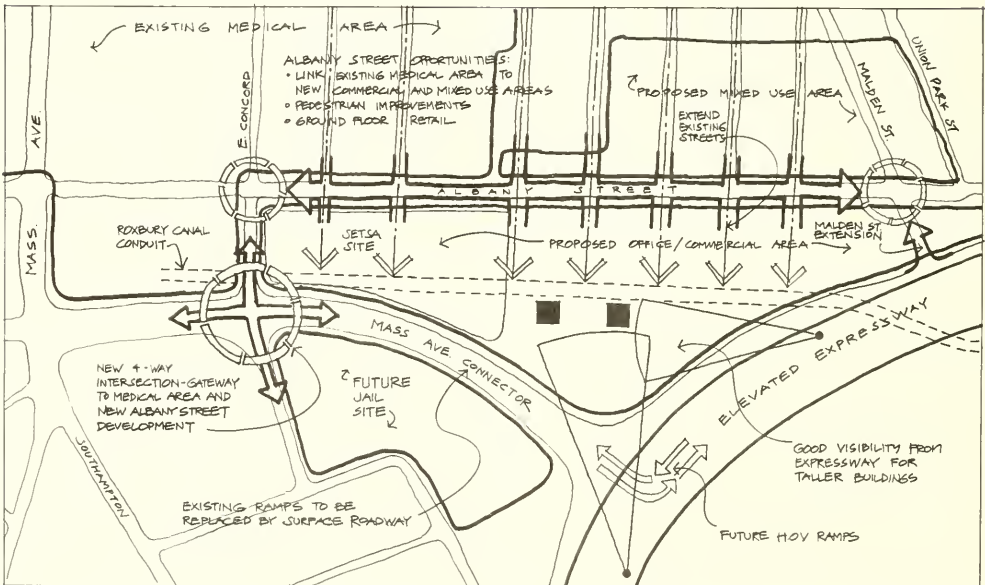
One potential advantage of encouraging relatively dense development along the highway edge is the creation of development impact assessments that could be used to create amenities in the rest of the South End Medical Area. So, for example, responsibility for improving traffic circulation and protecting residential streets could be in part the responsibility of future development. Or, the provision of open space or community activity centers could flow from the highway edge developments.

As a final note, the relocation of the existing highway will create a significant potential development parcel just south of the existing

flower exchange. The potential for development of this site should be carefully considered, and the public benefits from the potential sale or lease of this parcel should in part be channeled back into the neighboring South End Medical Area in the form of public benefits.

### Mixed-Use Area

This study has recommended that an area at the center of the South End Medical Area be retained for a broad mixture of uses. A zone might be set aside for light industrial and biomedical uses, among others. As suggested by the study, the mixed use area would lie roughly between East



ALBANY STREET AREA- DIAGRAM

Figure 12



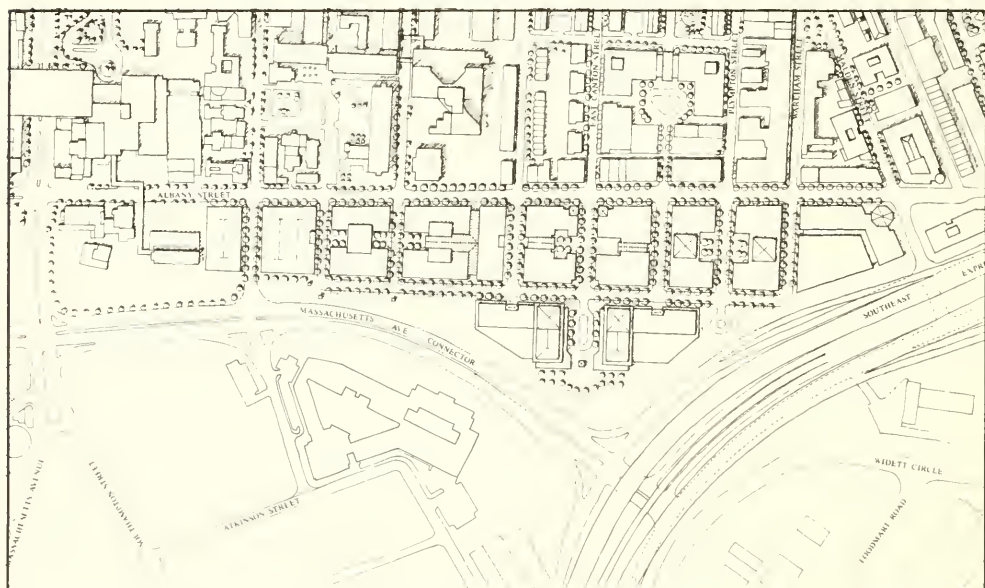
Brookline and Union Park Streets and between Albany and Harrison Avenue. Only the lots along Harrison Avenue where housing could reasonably occur would be excluded from this zone. Current land uses in the area include some housing, substantial amounts of light industrial uses including the existing Dupont operations, and surface parking. The area is also characterized by low-scale commercial buildings with some positive architectural qualities. Allowing for the reuse of these existing buildings will help retain continuity in the character of the South End Medical Area, an important concern.

Continuing questions include the appropriate boundaries of this mixed-use area. The zoning provisions that would encourage such an area need to be determined, and should be the subject of further study and discussion.



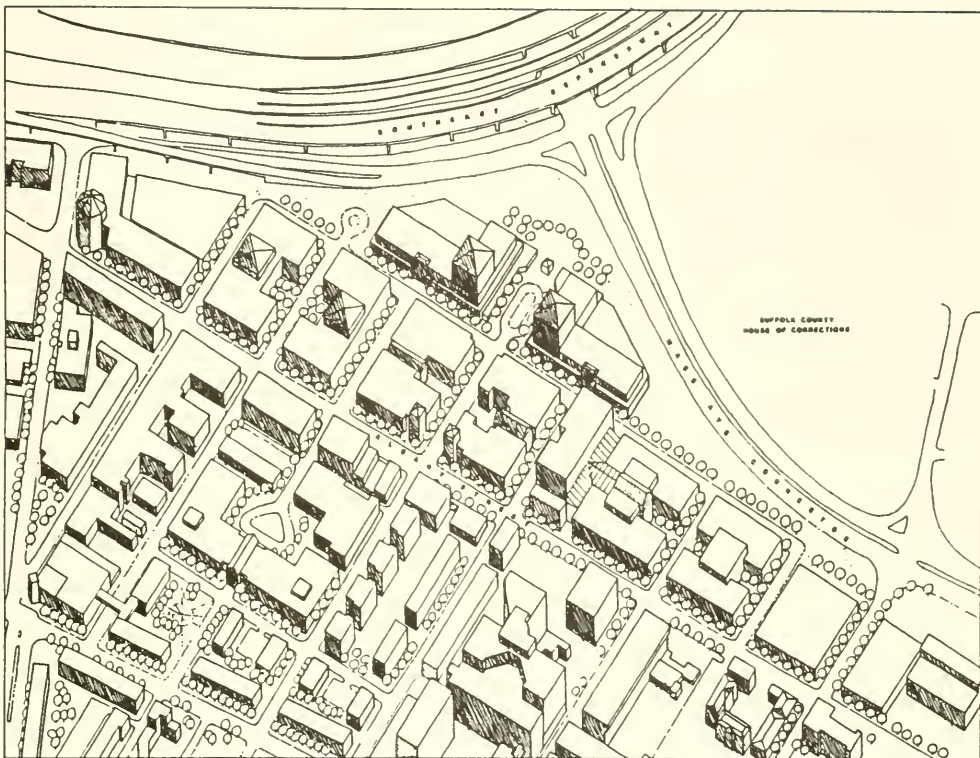
ALBANY STREET AREA-EXISTING CONDITIONS

Figure 13



ALBANY STREET AREA PROPOSED PLAN

Figure 14



ALBANY STREET AREA- AXONOMETRIC

Figure 15

**B. Harrison Avenue/  
Cathedral Area**

**Cathedral Housing  
Development**

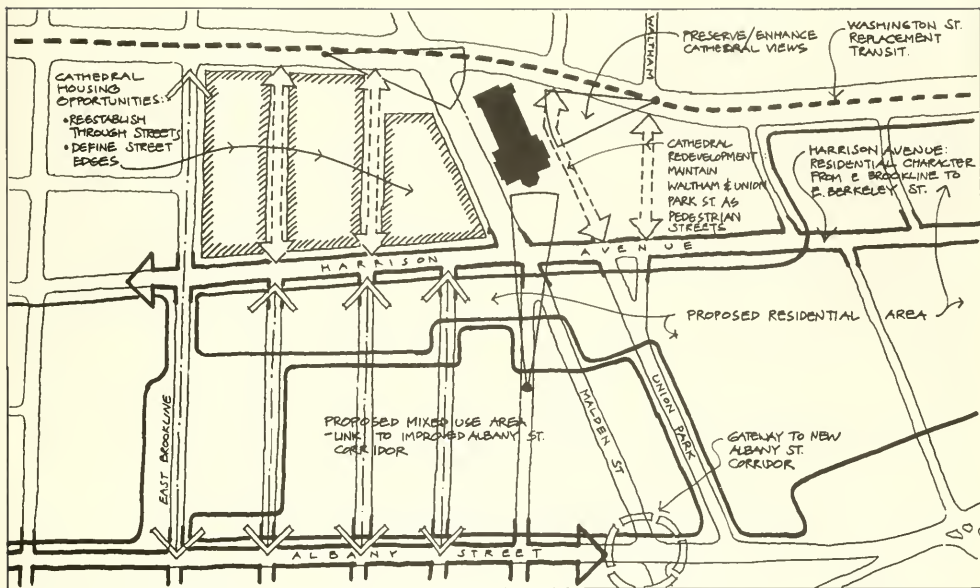
This study recommends that the physical character of the Cathedral Housing Development be modified in the future, to improve its physical relationship with the surrounding neighborhood. While recognizing the fundamental need for the rapid and affordable provision of publicly assisted housing, the reinforcement of the negative qualities of a stereotypical housing project is a poor long-term strategy.

By modifying the orientation and appearance of housing units, particularly along both Washington Street and Harrison Avenue, increased visual and physical continuity can be achieved. In addition, the extension of East Canton and East Dedham Streets through the "super block" of the housing development would reestablish a street grid pattern that has advantages of scale of continuity with the rest of the South End Medical Area, and the South End as a whole. The extension of public streets through the development will reduce its impact as a separate precinct, a character which has generally been found to be undesirable for public housing.

Careful planning may enable substantial numbers of existing buildings or units to be retained. If the current plans for the renovation of the existing unoccupied units can be reconsidered, it may be a rare opportunity for the Boston Housing Authority to reopen the question of the long term future for this development.

**Redevelopment Around the  
Cathedral of the Holy Cross**

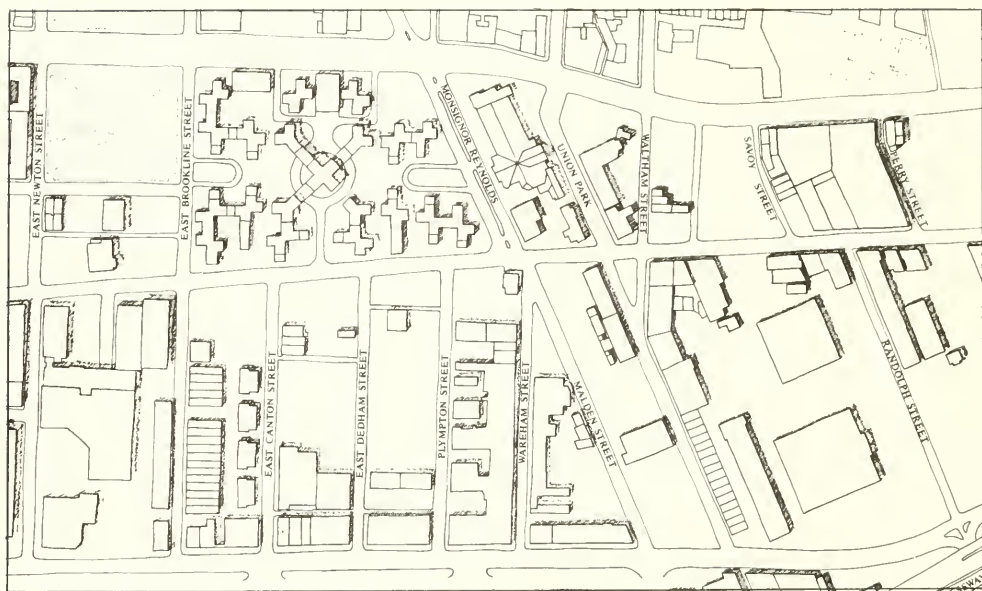
The Archdiocese of Boston has put forward several visions for how the area immediately surrounding the cathedral might be redeveloped and improved. This study supports these initiatives, including new facilities serving the archdiocese and physical improvements including the closing of a section of Union Park Street. The creation of a true campus setting for the cathedral will be a positive contribution.



HARRISON AVENUE/CATHEDRAL AREA- DIAGRAM

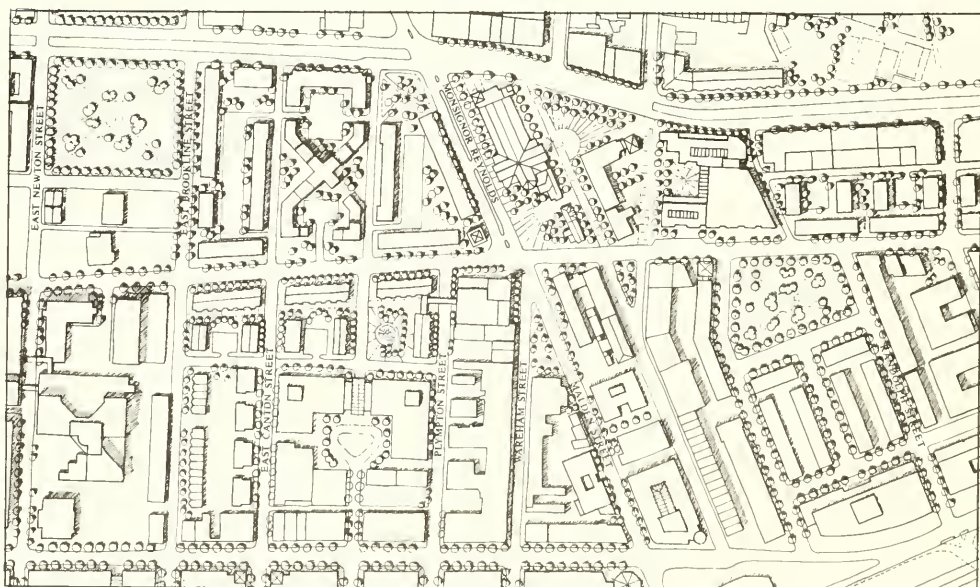
Figure 16





HARRISON AVENUE CATHEDRAL AREA - EXISTING CONDITIONS

Figure 17



HARRISON AVENUE/CATHEDRAL AREA- PROPOSED PLAN

Figure 18



### C. New Residential Area

The recommendations in this study have included the important idea that a significant amount of new residential development could occur in a portion of the South End Medical Area. The illustrative plan shows a district predominantly occupied by residential uses, stretching between Union Park and East Berkeley Streets and between Albany and Washington Streets. This proposal has been constructed with several specific considerations:

- o There are already a number of housing units scattered throughout the area, both as multi-family developments and as artist loft space and housing.
- o Through the rearrangement of streets and open spaces, new parcelization may be achieved which could substantially encourage high-quality housing development.
- o The extension of housing in this area must be significant enough to allow for market rate development. This can best be achieved through re-zoning.

- o If a new residential area is established, it will represent a virtually permanent shift in land use, unlike commercial uses. This factor needs to be carefully considered during further studies of its potential.

### **MBTA Albany Street Garage**

The MBTA operates a large bus storage and maintenance facility which occupies a substantial portion of the block bound by Randolph, Albany, and Union Park Streets, and Harrison Avenue. In both the short and middle term, the MBTA will apparently operate this facility; however, in the long run, redevelopment of this parcel may occur. The scale, location, and public ownership of this parcel, identify it a significant factor in the planning for the future of the South End Medical Area.

As envisioned by the recommendations of this study, the redevelopment of the MBTA parcel could contribute substantially to the establishment of a new residential concentration. At the same time, the eastern portion of the site will have excellent high access as well as highway visibility.

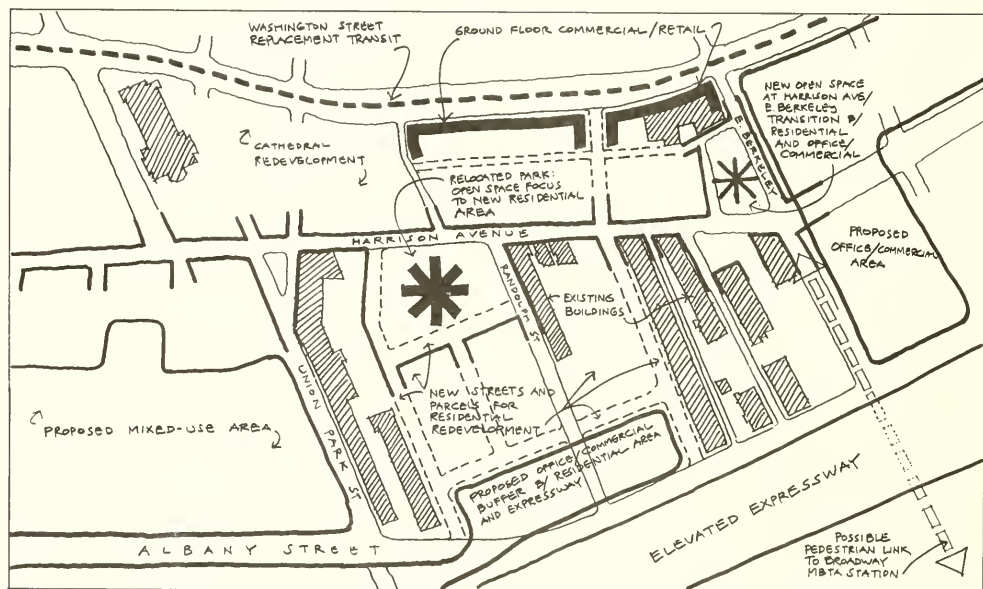
Allowing commercial development to occur at this edge of the site could help produce revenues that could help underwrite residential development and amenities that would substantially contribute to the overall character of the area.

## New Street Patterns

The street pattern in the South End Medical Area between Union Park and East Berkeley Streets is somewhat random and unassociated to adjacent street grid alignments. There may be opportunities to realign existing streets to both improve the traffic circulation and improve parcelization. A further advantage of the

reorganization of the street grid could be the active involvement of the city in creating new and advantageous opportunities for re-development.

The illustrative plans which have been prepared as a result of this study suggest several changes as a way of raising this issue, and not as definite recommendations. Nevertheless, these sketches illustrate how the reorganization and orientation of the street system can be conducive to a new scale and character of development.



NEW RESIDENTIAL AREA- DIAGRAM

Figure 19

## Relocation of the Rotch Playground

Rotch Playground is an underutilized ball field and open space which occupies the corner of Randolph and Albany Streets. As a neighborhood space, its location is a problem. It lies at the edge of a district that has relatively few residences, and abuts the Southeast Expressway.

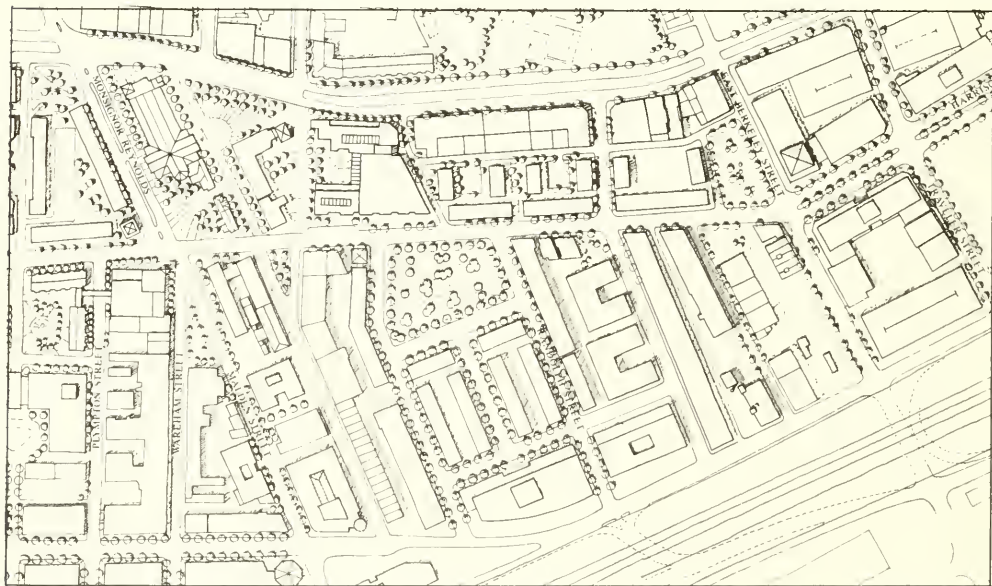
If it were possible to relocate this open space resource in one or more locations in the South End Medical Area, some substantial benefits could occur. Reorganization of existing parcels could encourage desirable development patterns, and the open space resource could be located closer to its users.

The illustrative studies show a relocated open space in the center of a new residential area along Harrison Avenue. This space could become a focus for new development as well as neighborhood activities. Its location has been established as a way of indicating potential; the actual relocation of this extremely important community resource would in fact require substantial study and discussion. The Worcester Square Area Neighborhood Association suggests that recreation space and green space be located south of Msgr. Reynolds Way, but in any event it has emphasized the need to provide additional recreational space in the area.



NEW RESIDENTIAL AREA- EXISTING CONDITIONS

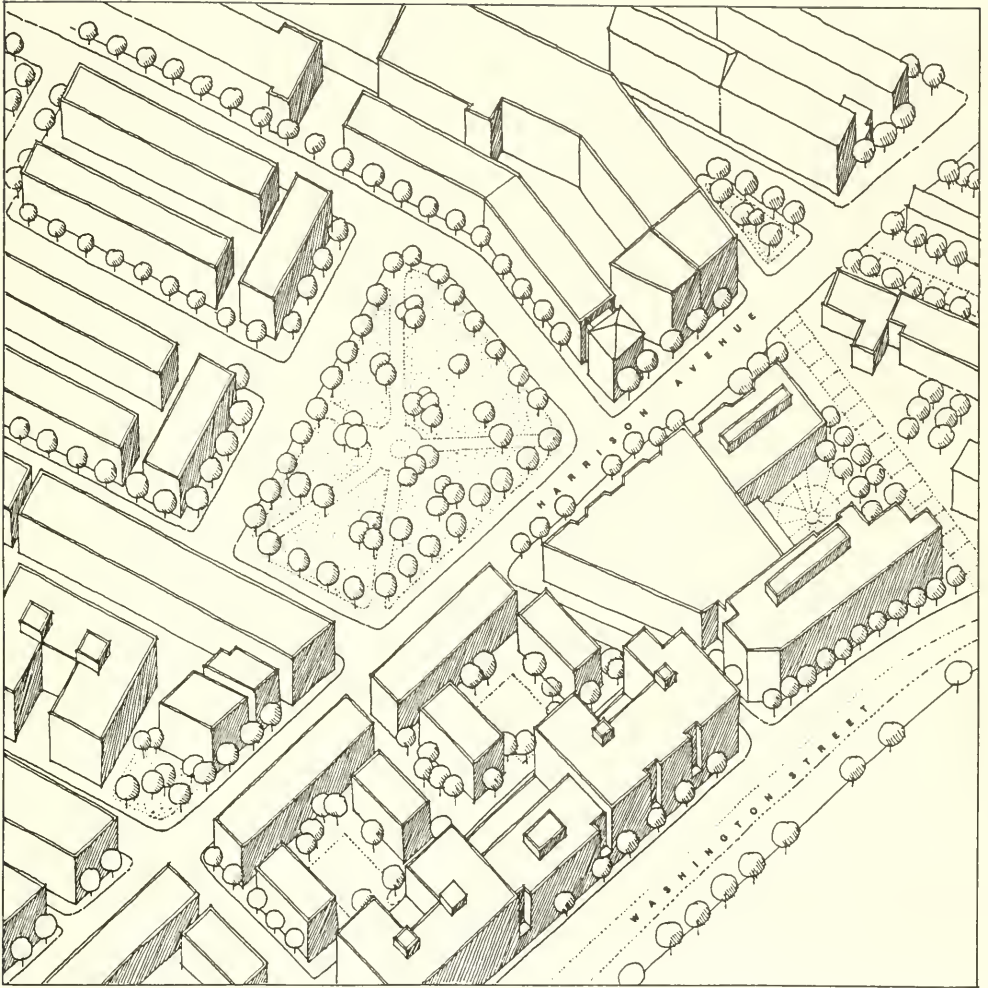
Figure 20



## NEW RESIDENTIAL AREA- PROPOSED PLAN

Figure 21





PROPOSED RESIDENTIAL PARK

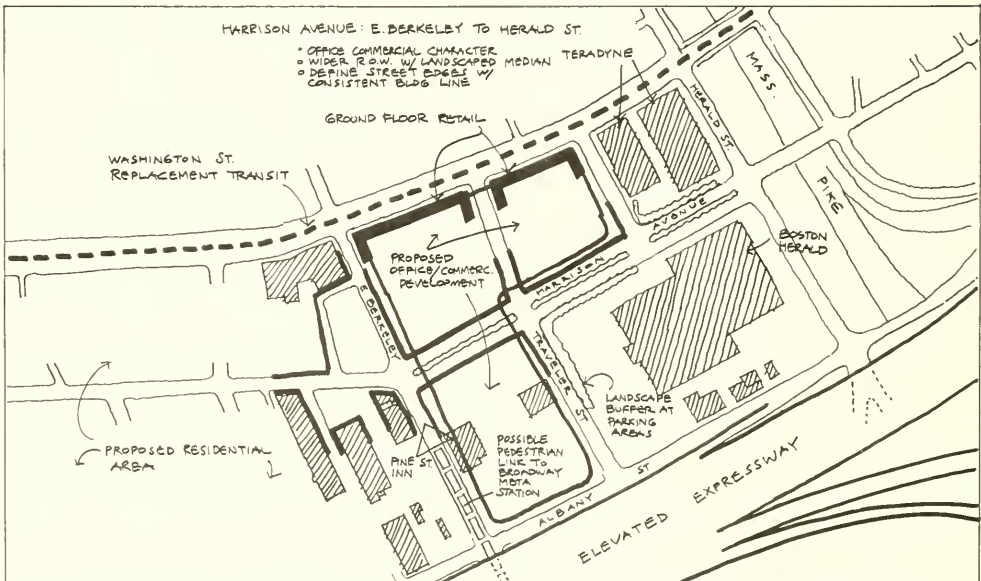
Figure 22

D. New Office/Commercial Area

The portion of the South End Medical Area which lies north of East Berkeley Street might be best utilized if the existing office and commercial character is reinforced. Because of the high traffic volumes on East Berkeley Street, this arterial separates rather than unifies the district. Proximity to downtown and Chinatown, excellent highway access, and excellent highway visibility all underline the potential value of this land for "high-end" uses.

As illustrated in the sketches in the study, this development would be organized to particularly reinforce the urban design qualities of both Washington

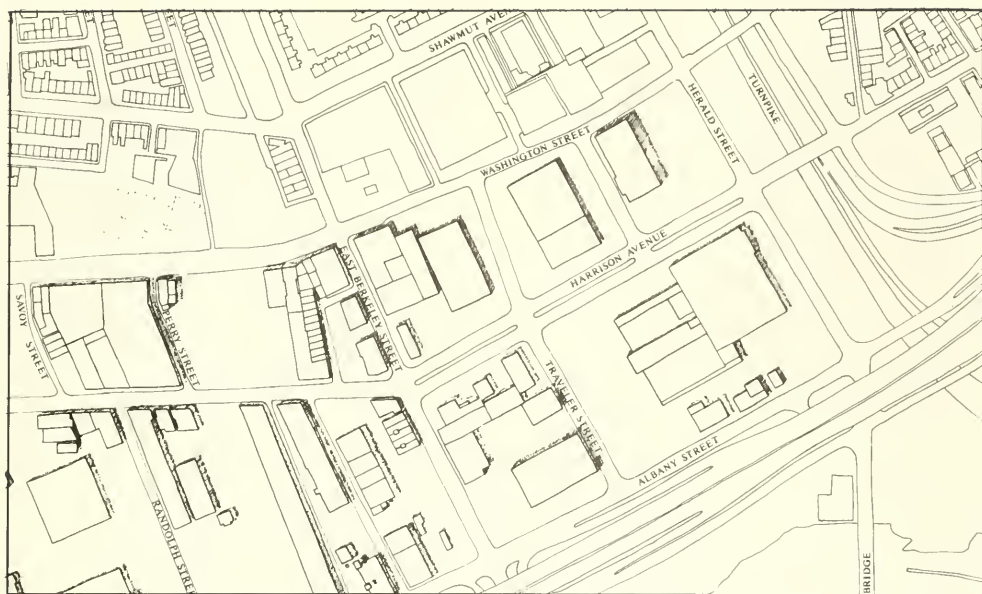
Street and Harrison Avenue. For both of these important streets, the stretch between East Berkeley and Harrison Avenue becomes a significant transition between Chinatown and the South End. These streets should be treated with care in terms of both architecture and uses.



NEW OFFICE/COMMERCIAL AREA- DIAGRAM

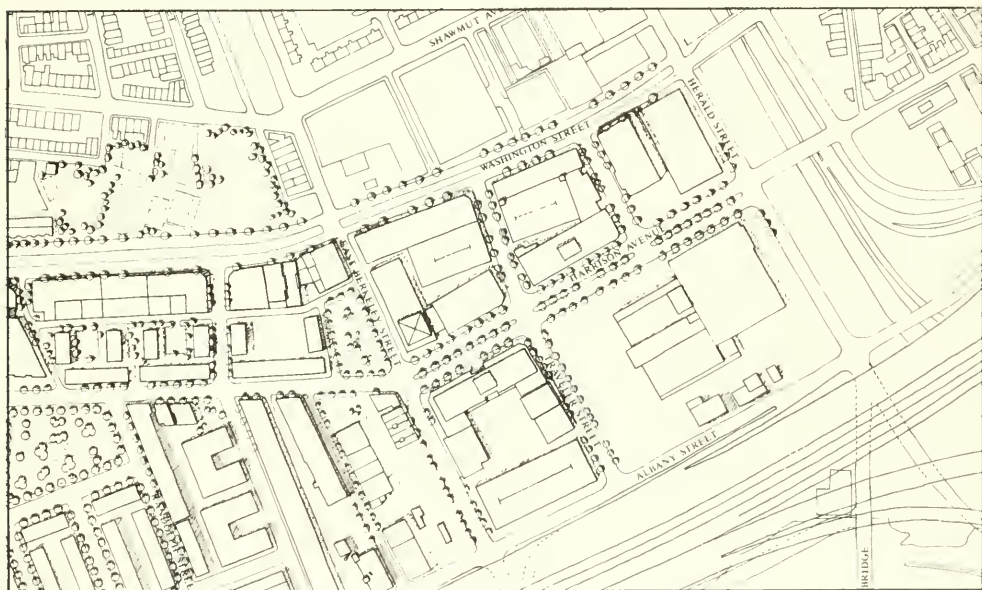
Figure 23





NEW OFFICE/COMMERCIAL AREA- EXISTING CONDITIONS

Figure 24



NEW OFFICE/COMMERCIAL AREA- PROPOSED PLAN

Figure 25

**E. Washington Street  
Character**

Regardless of the final land use decisions in the South End Medical Area, special emphasis needs to be made on the future character of Washington Street. With the removal of the elevated transit structures, and the future reestablishment of significant mass transit service, Washington Street will become a revitalized corridor. This study acknowledges the potential advantages of new development along Washington Street which reinforces the character of the street, and provides retail and other active uses on the ground floor of new development. Because of the significant width of many sections of Washington Street, a street-tree planting program and other landscaping will prove to be a very beneficial addition. Finally, emphasis on the quality design of the future transit or bus stops will benefit the South End Medical Area as a whole.

**F. Harrison Avenue  
Character**

As envisioned in the study, Harrison Avenue could have several different qualities in the future. Between East Berkeley Street and Herald Street, Harrison would be a wide, formal street that could accommodate the requirements of commercial development which may flank it.

Between East Brookline Street and East Berkeley Street, Harrison Avenue could have a pleasant residential scale and character similar to other stretches of South End streets. Wherever possible, new housing development could face on to the street, and setbacks and landscaping could contribute to a neighborhood quality. The potential redevelopment of the Cathedral of the Holy Cross campus could include public open space adjacent to Harrison Avenue, as could new parks or public open space in other locations.

The rest of Harrison Avenue between East Brookline Street and Massachusetts Avenue would retain many of the qualities of the "neighborhood" portion of the street. Plans for the reuse of existing properties in keeping with the landscape and scale proposed for this part of Harrison Avenue would have the advantage of creating a continuous experience. This would also reinforce the relationship of the Worchester Square area to the rest of the South End Medical Area.

G. Albany Street  
Character

If significant commercial redevelopment occurs, there is potential to entirely reconsider the character of Albany Street. As illustrated in this study, Albany Street could become a major commercial corridor, flanked by new and interesting buildings whose main address would be Albany Street. The opportunity exists for adequate setbacks and landscaping to create a pleasant pedestrian experience, while maintaining Albany Street as an important connector. Significant emphasis must be maintained on pedestrian crossings; the connection between the existing medical institutions, parking facilities, and between new commercial development and future transit stops along Washington Street will create significant pedestrian movements.

## H. Replacement Parking

Parking lots currently used for Boston City Hospital and Boston University Medical Center employees and visitors will be displaced by construction for the new Massachusetts Avenue Connector. As part of mitigation for the Central Artery/Third Harbor Tunnel project, the Massachusetts Department of Public Works has agreed to replace all permanently lost spaces which are currently on publicly owned land within the Central Artery/Third Harbor Tunnel construction impact corridor.

Two opportunities for publicly funded replacement parking have been identified in this study, including:

- o Land currently used as a BCH parking lot adjacent to the BCH power plant off Albany Street. This site could accommodate a parking garage with access off the proposed access road to the new Massachusetts Avenue Connector near East Concord Street. If the garage and new intersection with the Massachusetts Avenue Connector were built prior to construction of the Central Artery, instead of later, parking replacement needs could be met on site, removing the

need to find remote lots which would require employee shuttle bus service.

- o The vacated Sears Distribution Center near the Southeast Expressway to the southeast of the study area could be acquired by the State as a construction staging area. This large site, with its very convenient expressway access, and its proximity to Central Artery/Third Harbor Tunnel construction sites, could serve a variety of construction related purposes in addition to meeting parking needs.

## I. Central Artery/Third Harbor Tunnel Construction

As discussed earlier, the proposed Massachusetts Avenue Connector with the two recommended local access points (connecting to Malden Street and in the general vicinity of East Concord Street) offers a new vehicular "front door" to the South End Medical Area, allowing additional land for development, improved accessibility to the expressway system, and improved amenity on the north/south streets as through (expressway bypass) traffic can be better accommodated on the improved regional facilities.

Beyond these immediate access benefits, the Central Artery/Third Harbor Tunnel project offers a significant opportunity in terms of improved downtown and airport access for this area. The study area will particularly benefit from the fact that the Third Harbor Tunnel will be constructed before the Central Artery construction begins. This phasing means that the South End will enjoy direct airport access without the need to go downtown during the period when Central Artery construction is underway -- a major selling point for newly developed space.

can help the institutions share the costs and the revenues of parking operations in order to more effectively meet peak parking needs. In addition, services such as parking and transit shuttles can more effectively be managed by an umbrella organization serving a group of institutions. In planning and locating parking facilities for all new developments, this opportunity should be taken into account.

J. Consolidated Parking Management for the Medical Institutions

As vacant land in the study area is developed in response to development pressure, the opportunities to meet increased parking needs through cheap surface parking become fewer. Because garage parking is much more costly to build and operate than the surface lots which exist today, the opportunities for shared parking, particularly for visitors to the South End Medical Area, become more attractive. Consolidated parking management





## VIII. IMPLEMENTATION

The recommendations included in this study are intended to provide a focus for further planning, and are offered for consideration by the broad array of individuals and organizations interested in the future of the South End Medical Area. However, the establishment of a positive trend for change is not likely to occur without directed and concerted actions on the part of the public sector, the private sector, and institutions. One of the functions of this study has been to identify the key actors for the future planning process, to identify their roles, and to create a common base of information that will encourage coordination. The following discussion of implementation is offered as a resource for this broad community of interests.

### A. Rezoning

A fundamental tool for planning is zoning. The South End Medical Area should be among those sections of the city reconsidered in terms of its zoning, as part of the ongoing process of reconfiguring zoning for many of the areas of the city. It is anticipated that the process of determining appropriate zoning categories and regulations will grow out of the Boston

Redevelopment Authority South End master planning process which is just beginning. It is important that zoning be a clear focus of that process, and that the active participation of residents, property owners, businesses and institutions be actively included in the early discussions of this important topic.

As was discussed in the inventory of existing conditions prepared in the early phases of this study, most of the study area falls within three zoning categories. There are two residential zones which cover most of the southwestern portions of the study area, and a large manufacturing area (M-2) that covers a majority of the area north of East Brookline Street. If the recommendations of this study are to be implemented, portions of the existing M-2 zone will need to be changed to strongly encourage residential uses. If light manufacturing is to be retained in the long run, other portions of the study area will need to be protected from other market rate development types, such as office space. Studies prepared as part of this effort suggest that the newly developed regulations for a light manufacturing zone (LMZ) would probably be an effective tool for substantially limiting new

office development. In other sections of the South End Medical Area, zoning which could specifically encourage office and other market rate development types should be considered.

## **B. Public Sector Coordination**

The process of change inevitably requires the participation of many public sector agencies. One of the ongoing needs in the South End Medical Area is the establishment of an effective method for communication, both between the public sector agencies and the community, and between the public agencies themselves. The preliminary traffic and land use studies and this summary of recommendations touch upon many specific actions which could or should be taken by public agencies. As an additional resource, the following list of agencies and a brief description of their potential role in the future of the South End Medical Area has been noted.

- o Boston Redevelopment Authority - The Boston Redevelopment Authority undertakes many roles as an active planning and development agency. The most important current activity is the beginning of a comprehensive

master planning process for the entire South End. Recognition of the importance of the South End Medical Area should be formally acknowledged portion of that process, and an on-going liaison between the BRA and constituent groups of the South End Medical Area established.

- o BRA SENHI Program - The BRA has been actively involved in the redevelopment of numerous parcels of land for housing, as part of a program called the South End Neighborhood Housing Initiative (SENHI). There are several SENHI parcels in the South End Medical Area. The final disposition of these parcels has not been resolved in all cases, and decisions about use and physical character will be important as the next phase of this initiative proceeds.
- o Boston Transportation Department - The Boston Transportation Department is primarily responsible for

the configuration and circulation on city streets. They coordinate the City's relationship to the MDPW. This is a critical element in the future of the South End Medical Area, particularly with respect to the Central Artery/Third Harbor Tunnel project.

- o Public Facilities Department - The City of Boston Public Facilities Department controls certain decisions about publicly owned parcels in the South End Medical Area.
- o Boston Office of Capital Planning
- o Boston City Hospital - The planning effort for the improvement of the Boston City Hospital is currently underway.
- o Boston Parks Department - The Boston Parks Department will be an important actor, not only in the maintenance of existing open space, but in the

potential decisions concerning the Rotch Playground.

- o Massachusetts Department of Public Works - This department is the agency responsible for the major highway improvements which will be of such significance to the traffic patterns, economic development, and quality of life in the South End Medical Area. Substantial coordination needs to occur concerning highway location, configuration, connections, and physical appearance.
- o Massachusetts Bay Transportation Authority - The MBTA is the agency generally responsible for mass transit service, and specifically responsible for the important circumferential transit and Orange Line replacement studies which will substantially affect the accessibility and character of the South End Medical Area.
- o Massachusetts Water Resources Authority

- o Utilities - Public utilities are not currently considered to be a major constraint on development; nevertheless, the implementation of utility improvements substantially effects many other factors, and needs to be carefully coordinated.
- o DCPO/Suffolk County House of Correction - Plans are currently being finalized for the construction of a new jail on a site immediately south of the South End Medical Area. Coordination to ensure the proper mitigation of impacts needs to occur during the coming months as part of the public review process for that project.
- o EDIC/Newmarket Economic Development - The City of Boston economic development agency (EDIC) has established an economic development plan for the nearby Newmarket area. The progress on this initiative will influence both employment and transportation patterns, and needs to be coordinated with the future plans for the South End Medical Area.
- o Planning in Neighboring Areas - The BRA has recently undertaken significant planning efforts in both Roxbury and Chinatown (the results of these efforts should be reviewed both in terms of anticipated relationships to the South End Medical Area, and as sources for potential models for a revised regulatory framework for the study area).
- o Boston Housing Authority - As a major provider of public housing, and as the agency responsible for the Cathedral Housing Development, the Boston Housing Authority, will continue to be a major participant in the future of the South End Medical Area.

C.     Coordination with Public Commissions and Interest Groups

In addition to the public agencies, there is an important network of committees and groups whose review and input in future planning needs to be taken into account. A preliminary list of these groups includes:

- o     Massachusetts Historical Commission
- o     South End Historical Society
- o     South End community groups
- o     Archdiocese of Boston
- o     Boston Urban Gardeners
- o     WSANA
- o     Newmarket/South End Business Association

D. A Transportation  
Management Association

As discussed above, parking availability, and the use of parking disincentives and transit incentives should be coordinated to reduce auto use to the area and related parking demand. Measures such as ridesharing incentives, transit-pass subsidy, and employer shuttles to transit should all be coordinated for the group of employers in the South End Medical Area, both to reduce costs and increase service. In addition, resources such as visitor parking lots could be jointly managed, again to reduce costs, and to insure greater usage and improved maintenance and security. These initiatives should all be coordinated through one representative for all institutions in the area so as to be most effective.

The South End Medical Area Task Force and its subcommittees have been meeting over the past few months to address long term transportation and land use issues. In the long-term, the group could evolve into what is known in transportation circles as a "transportation management association (TMA)". These types of groups which were originated by the private sector to help reduce traffic congestion in suburban California areas, typically involve developers, major employers, community groups, and public agencies with an interest in improving

transportation conditions in a given district. In the Longwood Medical Area, the Medical Area Service Corporation (MASCO) was formed by the medical and educational institutions to coordinate transportation, daycare, security, and other areawide services.

The role for a TMA in the South End Medical Area would include such issues as coordinating construction management for public and private projects, working with the City to insure the implementation of programmed street improvements, deciding on circulation options, monitoring traffic and parking conditions as new projects are leased up, and representing the area's interests with respect to major projects such as the Central Artery/Third Harbor Tunnel, Boston Water and Sewer Commission improvements, circulation plans for the Suffolk County House of correction, and future MBTA initiatives. In addition, the group could form a corporation to provide consolidated parking management and shuttle bus operations for the area as a whole.



## IX. ACKNOWLEDGEMENTS

We would like to thank the participants in the South End Medical Area Planning Study and look forward to their continued involvement in South End planning activities.

J. Scott Abercrombie, Jr., M.D., University Hospital  
Donald Giller, Boston University Medical Campus  
Michael Blaszyk, University Hospital  
Ed Christiansen, University Hospital  
Michael Higgins, University Hospital

Dr. Aram Chobanian, Boston University Medical School  
William Gaspar, Boston University Medical School  
Sy Mintz, Mintz Associates

John Cogan, Trustee, University Hospital  
John Dineen, Trustee, University Hospital  
Joseph Maher, Trustee, University Hospital  
Marvin Stolberg, Trustee, University Hospital

James Hooley, Dept. of Health & Hospitals Board Member  
Judith Kurland, Dept. Health & Hospitals  
Abby Flam, Dept. Health & Hospitals  
Annie Jerant, Dept. Health & Hospitals  
Bernie Plovnick, Health & Hospitals

Rev. Peter Conley, Archdiocese of Boston  
Rev. Michael Groden, Planning Office, Archdiocese of Boston  
Robin Weintraub, Planning Office Arch. of Boston  
Jerry Pucillo, Planning Office Arch. of Boston

Richard Ring, Pine Street Inn  
Mark Baker, Pine Street Inn

Mark Johnston, Mayor's Office of Neighborhood Services

Anita Lauricella, Mayor's Office of Capital Planning

Gordon Brigham, Central Artery/Third Harbor Tunnel

Richard Garver, B.R.A.  
Larry Koff, B.R.A.  
Maria Faria, B.R.A.  
Thomas O'Malley, B.R.A.  
Anthony Williams, B.R.A.

James O'Leary, M.B.T.A.  
Peter C. Calcaterra, M.B.T.A.

Richard Dimino, Boston Transportation Department  
Andrew McClurg, Boston Transportation Department

Cynthia Risner, Boston Flower Exchange  
Alan Jacobson, E. Jacobson, Inc.  
Joel Strumph, Creative Distributors, Inc.

Charles Killian, DuPont

Mario Nicosia, Nicosia Development

Fernando Requena, Worcester Sq. Area Neighborhood Association  
Frances Moore, Worcester Sq. Area Neighborhood Association  
Joanne Atkins, Worcester Sq. Area Neighborhood Association  
Daniel DeSantis, Worcester Sq. Area Neighborhood Association  
Gladys DeCosta, South End Resident

Paul Nace, Carpenter & Company  
Jeff McKenzie, Carpenter & Company  
John Hall, Carpenter & Company

John Stebbins, Cambridge Seven Associates  
Ron Baker, Cambridge Seven Associates

Jane Howard, Howard/Stein-Hudson Associates  
Guy Busa, Howard/Stein-Hudson Associates  
Cathy Hanley, Howard/Stein-Hudson Associates

Charles Tseckares, CBT/Childs Bertman Tseckares & Casendino Inc.  
Steven Cecil, CBT/Childs Bertman Tseckares & Casendino Inc.  
Anne McKinnon, CBT/Childs Bertman Tseckares & Casendino Inc.  
Mark Nagle, CBT/Childs Bertman Tseckares & Casendino Inc.  
David Stanvick, CBT/Childs Bertman Tseckares & Casendino Inc.  
Priscilla Carver, CBT/Childs Bertman Tseckares & Casendino Inc.

Robert F. Walsh, Robert F. Walsh Associates, Inc.  
Jack Hutchinson, Robert F. Walsh Associates, Inc.  
Karylann Walsh, Robert F. Walsh Associates, Inc.

# NOTES















BOSTON PUBLIC LIBRARY



3 9999 06315 835 4



